

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4		1		2		
5		1		2		
6		1		2		
7		1		2		
8		1		2		
9						
10	1		1			
11	1		1			
12	1		1			
13		1		2		
14		1		2		
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TOTAL IND.	5		6			
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		2	2	2	2	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		2	2	2	2	